



GRAND ERIE DISTRICT SCHOOL BOARD STUDENT REGISTRATION FORM — SECONDARY

SCHOOL _____ DATE OF ENROLMENT AT SCHOOL _____ SCHOOL YEAR _____

BACKGROUND INFORMATION

- The *Education Act* authorizes the Grand Erie District School Board to collect information contained in this section of the Registration Form about each student registering in its schools. The information will be used to establish an Office Index Card (if one does not exist) and to establish or request transfer of the Ontario Student Record (OSR) for the student. Users of this information are supervisory officers, the principal and teachers at the school.
- Each parent/guardian of a student who is under 18 years of age and each student is entitled to see and have copies of materials maintained in the student's OSR. This can be done by appointment during normal business hours at the school.
- Please advise the principal, in writing, if you wish the student to be called by other than his/her legal surname.
- As authorized by Ontario School Information System (ONSIS) and Managing Information for Student Achievement (MISA), your child's standardized test scores, test and exam marks, and other relevant information will be placed in a database. The purpose of this application is to gather and centralize more accurate and reliable data to be used by your child's teacher(s) and other authorized Grand Erie DSB staff to assist your child in his/her educational experience, and to increase both provincial and local capacity to use data and information for evidence-informed decision-making to improve student achievement.
- Some information contained on this Registration Form will be shared with the Medical Officer of Health as outlined in the *Education Act* and the *Immunization of School Pupils Act*.
- Personal information obtained through video surveillance either in Board buildings or on transportation vehicles contracted by the Board is collected under the authority of the Education Act and will be used for the purpose of monitoring the behaviour of students, for safety reasons, to prevent acts of vandalism, and to aid in the identification of persons breaking the law. Users of this information, when appropriate and necessary, are: in school buildings and on school transportation vehicles — the Principal of the School, and the relevant student and parent/guardian; on school transportation vehicles — the driver and the Supervisor of Transportation. Questions about the collection of any personal information on this form should be directed to the principal of the school.
- All personal information collected regarding your child is protected under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

PLEASE NOTIFY THE SCHOOL PROMPTLY IF ANY OF THIS INFORMATION CHANGES.

STUDENT INFORMATION

Surname	First Name	Middle Name(s)
Legal Surname	Usual Name	
Birth Date: Month Day Year	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade
Citizenship Verification: Canadian Birth Certificate <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/>	Specify Other	Year of Entry _____ <small>mm/dd/yyyy</small>
Medical Conditions or Health Information (Allergies, Medication, Health Problems, Restricted Activities)		

STUDENT RESIDENCE INFORMATION (Please fill in as many boxes as you know)

ADDRESS	House or 911 No.	Apartment	Street or Road Name	City/Town
Phone No. (incl area code)	Postal Code	R.R.#	P.O. Box	County

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>	FATHER/GUARDIAN FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>
Name	Name
Address <small>(if different than above)</small>	Address <small>(if different than above)</small>
Telephone <small>(if different than above)</small>	Telephone <small>(if different than above)</small>
Workplace Telephone	Workplace Telephone
Special Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>	Custodian: _____ Lives With: _____
Source of Verification of Custody/Guardianship/Access Provisions <small>(copy of legal documentation must be filed in OSR):</small>	

PREVIOUS SCHOOL INFORMATION

School	Grade/Placement
Are you currently expelled from your previous school? Yes <input type="checkbox"/> No <input type="checkbox"/>	

_____ Date _____ Signature of Parents/Guardians (for student under 18) **OR** Signature of Student (18 years of age or older) (over)

OTHER INFORMATION

Does the student: walk <input type="checkbox"/> or take the bus <input type="checkbox"/> to school? (Must be eligible for transportation.)			
Status in Ontario	Canadian citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>
	Reserve Land Resident:	Six Nations New Credit <input type="checkbox"/>	Student Visa (International Student) <input type="checkbox"/>
	First Language:		
	Country/Province of Origin:		

Parent/Guardian:	Cell No.	Pager No.	Email:
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I give permission for information noted in this section to be used for school office and statistical purposes.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

For Students Residing on Either the Six Nations of the Grand River or New Credit Reserves:

I give permission for statistical information (e.g. name, student identifier, DOB, grade, transportation, etc) to be provided to Indian and Northern Affairs Canada, Ontario Region, in order to fulfill agreements with the respective Bands.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

EMERGENCY INFORMATION

Family Physician	Telephone
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EMERGENCY CONTACT

Name	Telephone No.	“✓” if Unlisted	Relationship (if applicable)

❶ I have obtained the consent of the person(s) listed above (if other than parent/guardian) to have the name and telephone number used for emergency purposes.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

❷ In the case of school closing or school buses being released early, I give my permission for the school to release my child.

_____	_____
Date	Signature of Parent/Guardian (for student under 18)

❸ I give permission for information noted in this section to be used for emergency purposes and I authorize school staff to act on behalf of the well being of my child in emergencies when I am not available.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

From time to time school projects or events are displayed in local newspapers or school newspapers/newsletters, on school premises, or other public places. If you give permission to have the student’s name or picture publicized, please indicate by signing below.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)